

Commonwealth of Virginia

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND
SUBSTANCE ABUSE SERVICESPROCEEDINGS FOR CERTIFICATION FOR INVOLUNTARY
ADMISSION TO A PUBLIC or PRIVATE LICENSED
MENTAL HEALTH FACILITY

PURSUANT TO §§37.1 - 67.1 through 37.1 - 67.3, Code of Virginia (1950), as amended.

City _____
County of _____

To wit:

PETITION

General District Court

City

To the Judge or Special Justice of the Juvenile and Domestic Relations District Court of the County of _____

In the matter of _____

Given Name

Middle Name(s)

Surname

Soc. Security No. _____ Birth Date _____ Sex _____ Permanent Address _____
St. & Number or Route No. _____

City or Post Office

State

Zip Code

Legal Resident* of _____ County _____ City _____

a person alleged to be _____

indicate whichever applies: Mentally Ill, Alcoholic, Drug Addict

who is now in the care of _____

Name

Address

Relationship

The undersigned petitioner alleges that the above person is mentally ill and in need of hospitalization. In support of the allegation, the
petitioner, _____ submits the following facts:

9 Prescreening evaluation has been made and the report recommending hospitalization is attached.

Wherefore, your petitioner prays that the said _____ be examined and accorded such
assistance
provided by law.

Date _____ 20 _____ SIGNED _____

Relation to person _____ Address _____

Phone number _____ If public officer, give title _____

The foregoing petitioner, being duly sworn, deposes and says that the statements set forth above are true and correct to the best of his
knowledge and belief.

Subscribed and sworn to before me on this _____ day of _____, 20 _____.

Judge, Special Justice, or Notary Public_____
Print Name_____
Phone Number

Commission expires on _____, 20 _____ Title _____

*§ 37.1-1(12) "Legal Resident" of Virginia means any person who is a bona fide resident of the Commonwealth of Virginia.

PRINT or TYPE ALL INFORMATION EXCEPT WHERE SIGNATURES ARE REQUIRED.

PREPARE AND SEND TO THE STATE HOSPITAL OR OTHER FACILITY TO WHICH PATIENT IS ADMITTED.

GENERAL INFORMATION

Place of Birth _____

Marital status: Single _____ Married _____ Widowed _____ Divorced _____
Separated _____ Unknown _____

Race _____

Religion: Protestant _____ Catholic _____ Jewish _____ Other _____ Unknown _____

Occupation _____

Nearest Relative or Correspondent _____

Name	Address	Telephone No.	Relationship
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PHYSICIAN'S EXAMINATION

Mental Information:

State briefly mental symptoms of patient: _____

When first observed _____ How rapid development _____

Has patient attempted suicide: Yes _____ No _____ If yes, explain _____

Has patient attempted homicide: Yes _____ No _____ If yes, explain _____

If mentally retarded, state intellectual level, if available _____

Has patient had previous psychiatric care? Yes _____ No _____ Unknown _____

If yes, name hospital, clinic or private psychiatrist

Name	Address
Name	Address
Name	Address

Alcoholic habits (state briefly, if known) _____

Drug habits (state briefly, if known) _____

Physical Information:

State briefly any present or recent physical disease, illness or injury _____

Is patient on medication? Yes _____ No _____ If yes, what _____

CERTIFICATION

A. COMMONWEALTH OF VIRGINIA

City _____

County of _____

I, the undersigned physician, do certify that I have this day personally examined the person named in the foregoing petition and as the result of such examination have sufficient cause to believe that he (is/is not) mentally ill; that he (does/does not) present an imminent danger to (himself/others), or (is/is not) substantially unable to care for himself, as a result of mental illness; and that he (does/does not) require involuntary hospitalization. Further, I am not related by blood or marriage to the individual on whom the petition is filed and have no interest in his estate.

Given under my hand this _____ day of _____, 20_____

Address

Doctor of Medicine (type/print)

Signature

NOTE:

This certification of examination shall not be accepted or used as evidence at any hearing under §37.1-67.3 of the Code of Virginia (1950), as amended, UNLESS such examination be made within the five (5) days immediately preceding such hearing and provided there is no objection to the acceptance of same by the person or his attorney.
The positive certification of at least one physician is necessary to commit the person named in the petition.

- B. I certify that upon the appearance before me of the person named in the petition, on this _____ day of _____, 20_____, I informed him of his right to make application for voluntary admission and treatment as provided for in §37.1-65, his right to a full and impartial hearing in the event that he should refuse to make application for voluntary admission, his right to representation by counsel, the basis for his detention, the standard upon which he may be detained, his right to appeal such hearing to the circuit court, and his right to a jury on appeal. I then ascertained if he was represented by counsel.

- (Check One) ☒ A voluntary admission requested (complete DMH Form 1006-B)
 ☒ A hearing requested
 ☒ A hearing required due to incapacity to consent to voluntary admission and treatment

- (Check One) ☒ Represented by counsel of own choosing
 ☒ Counsel appointed

Judge or Special Justice

Title

- C. I certify that I, an attorney-at-law, served as counsel for the person named in the foregoing petition, that I interviewed such person and all witnesses, if any, in his behalf, prior to any hearing, and that after my employment or appointment as counsel, I did represent the person named in the foregoing petition at all proceedings conducted by the judge or special justice pursuant to the foregoing petition.

Counsel

Address

Subscribed and sworn to before me this _____ day of _____, 20_____

Judge or Special Justice

Title

- D. (Execute only if hearing requested.)

I hereby certify that the person named in the foregoing or the attorney-at-law representing such person requested a hearing on the question of his admission. Such hearing was held on this day _____ day of _____, 20_____ and the following witnesses were summoned:

Name

Address

Relationship

Name

Address

Relationship

Name

Address

Relationship

Name

Address

Relationship

Judge or Special Justice

Title

**CERTIFICATION AND ORDER FOR INVOLUNTARY ADMISSION
TO A PUBLIC OR LICENSED PRIVATE FACILITY**

COMMONWEALTH OF VIRGINIA

City _____
County of _____

To the sheriff or other authorized officer of said county or city and to the director of

Facility	Address
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Greetings:
WHEREAS, I _____ Judge or Special Justice of _____

court of the said county or city have observed the person named in the foregoing petition, alleged to be in need of care and treatment in a hospital, and have reviewed the medical certifications and statement of facts upon which such certifications are based and have this day found that the person named in the foregoing petition:

- 9 1. Presents an imminent danger to himself as a result of mental illness.
- 9 2. Presents an imminent danger to others as a result of mental illness.
- 9 3. Has otherwise been proved to be so seriously mentally ill as to be substantially unable to care for himself.

Furthermore: (check one and complete)

9 A. The alternatives to involuntary hospitalization and treatment were investigated and were deemed suitable. I have found that there is a less restrictive alternative to involuntary hospitalization and treatment in this case. I, therefore, direct that the person named in the foregoing petition receive treatment in accord with the following order:

9 B. The alternatives to involuntary hospitalization and treatment were investigated and were deemed unsuitable. I have found that there is no less restrictive alternative to involuntary hospitalization and treatment in this case.

I, therefore, command you, the said sheriff, other authorized officer or responsible person, to make provision for the suitable and proper care of the person named in the foregoing petition and to deliver such person to the director of _____

_____ for involuntary hospitalization and treatment not to exceed 180 days from this date. Furthermore, if admission is denied pursuant to §§37.1-68 or 37.1-70, you are hereby authorized to return the person named in the foregoing petition to this jurisdiction.

Given under my hand and seal this _____ day of _____ 20_____

Type
or
Print

Judge or Special Justice

Name _____

Title _____

Address _____